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SURGERY AND PHYSIOLOGICAL DISCOVERIES IN PARIS.

NEW METHOD OF TREATING FRACTURES—M. BERNARD'S RESEARCHES—PANCREATIC JUICE—BILE—CURIOUS PHYSIOLOGICAL EXPERIMENTS.

To the Editor of the Boston Medical and Surgical Journal.

MY DEAR SIR,—Believing that you, and the readers of your Journal, might feel some interest in the new things of the medical profession of Paris, I propose to give you a brief account, or some sketches, of what fell under my observation during a short residence there of five weeks. I will also send you an extract from a letter of deep interest, which I received a few days since from a talented American medical friend, who has been residing in Paris for the last two years.

My time, during the hospital hours of each day, was mostly spent in the surgical wards of Hotel Dieu, Hopital La Charité and Hopital St. Louis. In Hotel Dieu I saw much of the practice and surgical operations of M. Roux, M. Blandin and M. Boyer (the son of the author of "Boyer's Surgery"). In Hopital La Charité I followed Velpeau pretty generally; though I saw him operate less frequently than the surgeons of Hotel Dieu. In Hopital St. Louis, Jobert is the prominent and leading man in surgery—although Malgaigne, who is a man of genius and of great energy of character, is fast gaining notoriety for his novel mode of treating oblique fractures of the tibia. I will not attempt to give you any account of the numerous operations which I witnessed in the Parisian Hospitals—nor of the good and bad surgical practice which came daily under my observation, and such as has been observed and described again and again by many experienced American surgeons—but will speak only of such points as, to me at least, were new.

Chloroform is universally and very successfully used by the surgeons of Paris; and withal, with more prudence and caution than we Americans are wont to regard the estimate in which human life is held by the bold French surgeons.

M. Jobert, who is perhaps 48 or 50 years of age, and who possesses a very commanding personal appearance, I consider one of the most growing surgeons of Paris. He is perfectly fearless, as his look indicates, and energetic in all his movements. He has a peculiar mode of treating fractures, which consists in adopting the principle of extension and coun-

ter-extension *alone*. He uses no *splints* nor *bandages*. He lays the limb on a plain, and somewhat firm surface, with its extremity a little elevated. In fractures of the thigh, or leg, he casts a roller a few times around the ankle and instep, and fixes the foot to the foot-bar of the bed; then a folded sheet or perineal belt is placed under the upper part of the *opposite thigh*, across the perineum and groin, behind the shoulder of the patient, and securely fixed to the head-bar of the bed. The patient is thus confined to his back; but the broken limb receives no pressure, directly or indirectly, in the seat of the fracture, which is perfectly *naked* and exposed for inspection, without any undressing or movement of the limb. I even saw a case of fracture of the humerus under the same mode of treatment.

You will probably inquire, with what success was this strange practice attended? I answer, generally pretty favorable. But I now hasten to give something still more new and startling in the practice of M. Malgaigne, to me at least, although it may not be new to you and the readers of your Journal.

One morning, in visiting his ward, I saw a stout, healthy-looking man, of about 40 years of age, lying upon his back, with fracture of the tibia and fibula about five inches above the ankle, which occurred fifteen days before. There was considerable obliquity in the direction of the fracture of the tibia, as was observable by the projecting and overlapping point of the lower extremity of the upper fragment. Inflammation and tumefaction had, in a great degree, subsided; and the limb was resting on a back splint with a foot-piece covered by a cushion, and sustained by lateral cushions and lateral splints—and I believe a cold linseed-meal poultice had been applied to the seat of the fracture, to abate inflammation. All the anterior surface of the limb was naked. So much for the condition of the fracture and the limb, and the apparatus with which it was surrounded. Now for the new and superadded apparatus, and its object.

The new apparatus consists simply of a steel plate or yoke, moderately semi-lunar, an inch and a half wide, and about eight inches long, with a mortice or fenestrum at each extremity, through which a broad piece of webbing is passed, having on one end a buckle attached, and a *screw pin*, two and a half or three inches long, with a thumb-piece at top, and a sharp bodkin-like point below for half or three fourths of an inch, which passes through a female screw in the centre of the plate or yoke. A handkerchief, or long towel, was passed around the ankle and instep, with the ends extending below the sole of the foot, with which powerful extension was made, while counter-extension was made from the knee, by which the overlapping point of bone receded, and was readily brought into its proper place. Next the centre of the yoke, occupied by the *screw pin*, was placed over the upper fragment of the tibia, about an inch and a half from the heretofore projecting part, and the *belt*, made to encircle the base and lateral splints, was tightly buckled; so that the *point* of the *screw pin* was made to perforate the skin on the anterior face of the tibia, at the point above de-

scribed as being occupied by the yoke. After this, the screw was turned down, so as to make its point enter some little distance into the solid substance of the tibia, which retained the obnoxious fragment in its proper place without extension. The dressing was completed by inserting a few pieces of deal between the lateral splints and the strap, or belt, on the principle of the wedge.

The surgeon stated that he had been greatly troubled in the treatment of oblique fractures of the tibia and fibula, although he had tried all the heretofore known modes of practice; such as *extension* and *counter-extension—relaxation of muscles—position, elevation and depression—*and pressure upon the displaced fragment; and that when he first thought of his new mode of treatment, he apprehended that it might be attended by inflammation of the skin, and for aught he knew, *necrosis* or *exostosis* around the pin. "But," he added, "no such thing has happened in a single instance."

I felt a deep interest in watching the result, of at least one case—so that I visited this patient once a week, for three weeks. And in confirmation of what the surgeon had previously stated in regard to other cases, not the least inflammation existed even in the skin around the pin; and the limb was in good shape, and appeared to be fast uniting, which he (M. Malgaigne) said would be complete in thirty or thirty-five days.

The other new thing of which I propose to speak, is physiological; that which relates to the function of the pancreatic juice, in the progress of digestion. I believe there can be no doubt of this being new, since it was not known even to the private pupils of the discoverer, three weeks ago. For the following brief and intelligent description of this new physiological discovery, as well as for some instructive remarks on the result of some surgical cases, the operations for the cure or relief of which, I witnessed before I left Paris, I am indebted to my early friend and pupil, T. W. Powers, M.D., of New York, who is an industrious observer and a close thinker; and to whom I am much indebted for many favors received from his hands during my short stay in Paris. I have neither asked nor received his permission thus to use the extract from his letter; nor do I believe it to have been written for the public eye—but the only apology which I can offer for the liberty I have taken, is, that it may be the means of doing good.

"I have nothing of much interest to communicate in a professional way. The two cases of vesico-vaginal fistula which you saw at Jobert's, are doing very well. One is perfectly successful. The case in which you saw Velpeau tie the carotid artery, died from suffocation about thirty hours after the operation. The autopsy showed a great and general dilatation of the aorta, aneurism of the innominate, and enlargement of the right subclavian and carotid for an inch or two from their origin. The aneurismal sac projected from the posterior and inner part of the innominate, pressing directly upon the trachea. The sac was about as large as a small hen's or pullet's egg.—Velpeau tied the spermatic vein, the other day, in a case of varicocele. Phlebitis succeeded the next day, which was followed by purulent absorption and death. About the same

time he amputated the thigh of a man with white swelling of the knee, which terminated fatally; and he ascribed the result to the same cause, viz., purulent absorption.

"The physiologist about whom you inquire, is M. Bernard. He promises to become one of the first experimental physiologists of Europe. He has already highly distinguished himself by his experiments and researches in digestion, and in the circulating and nervous systems. His researches with respect to the pancreatic fluid, are quite recent, and establish, beyond all question, the exact uses of that secretion. The following is the substance of what he has arrived at on this point. The pancreatic juice, when collected from a living animal (a dog, for example), by means of a fistula artificially established, has nearly identically the same physical character as the saliva, being limpid, colorless, slightly ropy, and rather heavier than water. It is constantly alkaline, and is coagulable by heat and strong acids, owing to the pressure of albumen. The saliva is slightly alkaline when collected pure, but never coagulable by heat or acids. When the pancreatic juice is put in contact with azotized aliments, as fibrine, albumen and gelatine, there is no effect produced. Putrefaction occurs in time, but no digestion. When applied to farinaceous substances, they are changed into sugar, which is absorbable. Thus far there is nothing new—all this having been previously established. He, however, has shown—and the *merit* of this discovery is solely due to him—that when this fluid is put in contact with fatty substances of every nature, as oils, animal fats, butter, &c., they are quickly digested or decomposed, and reduced to a state in which they may be absorbed into the circulation. This property is peculiar to the pancreatic juice, not being possessed by the saliva, gastric juice, bile, serum, nor by any other fluid of the animal economy.

"The pancreas, therefore, now takes rank with the most important organs of the system. I have seen him repeat his experiments with this fluid, and they are quite conclusive. The first effect produced, when you put the pancreatic fluid in contact with oil, or any fatty substance, is to form an intimate emulsion, which will not separate on standing. If you agitate oil with saliva, gastric juice, serum, or *pure* bile, or any other animal fluid, the mixture separates when in repose. (Bile of animals mixes, or makes an emulsion, with grease, by virtue of the pancreatic fluid that is frequently mixed with it.) After the emulsion is produced, the oil is decomposed into *glycerine* and a *fatty acid*, as the oleic acid, &c., which are absorbable, as well as the simple emulsion.

"He has also established another very important fact in regard to the digestive fluids—which is, that the union of the bile and pancreatic fluid produces a new and distinct fluid, having, in addition to the peculiar properties of these two fluids, another superadded, viz., that of digesting azotized substances, or, in other words, the properties of the gastric juice. It therefore digests all alimentary substances, and is altogether the most important of the digestive fluids. This is found in the duodenum in man, below the orifice of the ductus communis choledochus, and in animals below the orifice of the pancreatic duct.

By means of this fluid, which he calls the intestinal fluid, aliments which are not digested in the stomach, are acted upon in the intestines. The property that the pancreatic juice possesses of transforming starch into sugar, and which until now has been considered its chief property, is a very subordinate one, and by no means peculiar, as almost all the other fluids of the economy possess it, viz., the saliva, serum of the blood, liquid of cysts, &c.

"All the effects produced by the pancreatic juice as above described, are equally well seen by taking the pancreas of a freshly-killed animal, as a chicken, dog, pig, &c., and bruising it, and pouring a little tepid water upon it. Let it stand, or agitate it a few minutes, and you have an artificial pancreatic fluid, with which you can perform all necessary experiments. If you kill the animal in a state of digestion, the fluid will be more active, as the pancreas is then in a state of greater activity. In the same way you can make artificial gastric juice, by taking the stomach of an animal. But the pancreas must be quite fresh, and the pancreatic fluid changes very quickly and loses its properties, whereas the gastric juice keeps indefinitely."

I am spending a few weeks in "the great metropolis," in sight seeing, with my family, and in visiting its numerous hospitals, and rich pathological museums. I am making, also, further additions to a valuable collection of pathological specimens which I have procured in Paris for the museum of the Albany Medical College. I expect to visit Belgium, Holland, Germany and Switzerland, and, if time permits, Scotland and Ireland. If my life be spared I shall return to America in season to resume my duties in the College at the commencement of the forth-coming lecture term.

I am very respectfully yours,

London, May 22, 1848.

ALDEN MARCH.

ILLUSTRATIONS OF CHRONIC RHEUMATISM AT SARATOGA SPRINGS.

[Concluded from page 397.]

CASE V. *General Rheumatism of the Joints and Intercostal Muscles, complicated with Glandular and Pulmonary Tuberculous Suppuration—Death.*

Mr. M. Stanley, aged about 45, came from Rome, N. Y., to Saratoga, in the spring of 1845, for the purpose of submitting himself to a prolonged use of our mineral springs. He brought his family, and remained here till his death. In addition to the use of the waters, many remedies of the common treatment were prescribed, with varied success. These need not be detailed minutely; but, for pathological reasons, I have thought it might be interesting to give a brief outline of the symptoms and progress of the disease, till its termination. The following are the notes taken at my first interview.

May 27th, 1845.—Been employed in the manufacture of flour; thin; pale. Did business uninterruptedly till 1840. Previously dyspeptic. That year had hæmoptysis. Health miserable from that period. Re-

linguished business October, 1844. The rheumatic disease commenced two years since in fingers, wrists, shoulders; the shoulders very painful; the wrists and ankles swelled, and remained permanently enlarged. Soles of the feet tender. So lame as to use crutches. About this time limbs became more free, and there occurred glandular suppuration in the neck, which continued copious for six weeks. The diseased action then attacked the intercostal muscles on the right side and front of the chest, manifesting itself by pain, aggravated by the movements of respiration, coughing, &c. The seat of pain was not larger than the size of a silver dollar, but was a matter of loud complaint, and his greatest difficulty. The flesh over this place was tender on pressure. Has very poor digestion, is obstinately costive, and has taken many cathartics. Has taken morphine. Is much emaciated. Countenance bilious, anæmic, scrofulous. General indications of breaking up. Pulse 100, small, hard. Mr. S. was never afterwards free from the pain from the intercostal muscles or their aponeuroses, and nearly a year before his death, which occurred January 5, 1848, there was discharged half a teacupful of pus by incision from this region. At the same time that pus was daily discharged from this place and from some of the enlarged joints, tuberculous consolidation was progressing in the lungs, purulent expectoration and hectic. The simultaneous discharge of pus from the chest, externally and internally, became a matter of deep interest to Messrs. Allen and Whitney, into whose hands he had fallen through my inability to attend patients in the winter, as well as to myself; and I was able to call sufficiently often to notice the progress of events. There was never any clear proof that the purulent expectoration *originated* from the external abscess, making its way through the pleura to the cavity of the chest, and thence into the lungs.

From evidences arising from auscultation, position of the patient, and the general assemblage of the symptoms, we decided, before death, that the two regions of suppuration were entirely distinct and disconnected. This diagnosis was exactly verified on dissection. The right lobe of the lungs was a mass of tubercles in all stages of progress, small cavernous ulcers, pus, and the usual appearance of tuberculous phthisis. The pleura was imperforate, and so were the intercostal muscles contiguous. The subcutaneous, and, perhaps, intermuscular cellular tissue outside of the ribs, was deluged with pus of the ordinary appearance. No more unequivocal instance has ever occurred in my practice, of the co-existence, for a long time, of two distinct, specific, characteristic diseases in the same individual, affording the 999th refutation of John Hunter's dogma of the incompatibility of diseases. For the past ten years I have seen enough of chronic rheumatism in this place; but this is the only instance of death, in my knowledge, where that disease bore so conspicuous a part. Mr. Stanley, himself, often deplored that his physicians had, in their early treatment, disregarded his scrofulous tendencies, giving him calomel, antimony, and other reducing remedies. The benefit he received, always, from zinc and ipecac. emetics, and warming, cordial laxatives, confirmed him in this opinion. He observed that his powers were

greatly curtailed, and never could be restored, after a mild salivation which occurred some years since. This is the only, the uniform report of patients in whom the scrofulous diathesis is clearly developed.

CASE VI. *Rheumatism of the Dura Mater and Theca Vertebralis.*—Treatment, Congress water, baths, &c., interrupted by the patient's unwilling return home.

July 25th, 1846.—Mrs. C. E., from northern New York; say 22 years; sallow; pale. Two years ago last April had an attack of what was called intermittent fever, when her first infant was two weeks old. Confined to her bed. The fever "settled on the heart." Had violent palpitation, which yet exists. Cannot lie on left side. Pain in spine and head. Progressive emaciation of right arm and leg, which are losing strength. Ends of fingers and toes cold. Many blisters have been applied to the back. Two spinous processes tender in the upper lumbar vertebrae. Cannot write nor sew, on account of loss of muscular power.

Tongue furred; appetite very poor. Has taken no meat for three months; produces heartburn. Is flatulent; costive; menses regular but scanty. Was salivated fourteen days, two years ago. Little effect. Pulse now 110, quick, and of common hardness. Directions—Three half pints Congress, mornings; one of the Pavilion before dinner and tea; bath of mineral water every second day, at 100°.

July 31st.—Four or five evacuations daily; appetite better than for five months past; sleeps poorly; baths favorable. Profuse sweatings the night after bath. The right hip quite painful; walks better. Pulse 110, small, hard. Directions—A cold shower bath daily of two buckets; Pavilion Spring water. Omit the Pavilion water internally, on account of its tonic qualities, and confine her potations to the Congress. Electro-magnetism ten minutes daily; the positive pole to the neck, and negative to the feet.

August 3d.—More sensation; can feed herself better; no sweating nights, but is feverish, since cold showers. Has had gastrodynia. Pulse 112, small, wiry, hard. Directions—Take three grains calomel and three of blue mass every night; resume warm bath at 90°; continue Congress and electro-magnetism.

19th.—Goes to-morrow. Countenance and pulse improved; better every way; toes much warmer; instead of losing power daily, the right arm and leg are steadily improving; pain of the head and spine much diminished. Can eat meat once a-day without inconvenience; no burning nor flatulence; pulse 100 and soft.

In February, 1847, she wrote me that she had been steadily taking Congress water in bottles to that time; that, with the exception of two attacks, like fits, for which her physician bled her with good effect, she has been slowly improving ever since she came to Saratoga.

CASE VII. *General Rheumatism—Disordered Digestion.*—Treatment, Congress water, warming purgatives, hot baths, electro-magnetism.

August 6, 1846.—Mr. B. A., of Massachusetts; age 47; pale. For fifteen years dyspepsia and torpid liver. Last April became languid, weak

and dejected. In May, acute pain and rheumatism became developed in left ankle ; after a week, went to right hip and knee ; then left leg became feeble. Walks on two crutches. Diarrhœa ; tongue red ; appetite indifferent ; particular in his diet ; acidity ; rolling of wind in his stomach, distress, burning ; breath short ; uses tea and coffee ; mind inactive ; intestinal secretions wrong in smell and color ; left ankle inflexible ; pulse 66, feeble, unequal, and constantly intermitting ; has intermitted thirty years. Many years troubled with palpitations. For many years standing still produces faintness, and compels him to lie down. Fingers tender and painful. Directions—Compound senna mixture two ounces, and three half pints Congress water each morning. Four more tumblers during day. Bath for one hour of mineral water every second day, at 100°. Diet, principally meat and bread.

14th.—One or two evacuations daily ; stomach improved ; appetite good and food easy ; skin warm and moist ; baths do not weaken ; walks better ; hands the same ; pulse 72, and only one intermission in 36 beats. Directions—Five minutes electro-magnetism through joints of fingers. Continue the rest.

18th.—Always warm and comfortable from bath ; no dyspepsia ; good sleep ; pulse 66, good. Feelings of improved vigor. Directions—Compound origanum liniment to the foot and ankle. Fifteen minutes electro-magnetism daily. Continue the others, raising the bath to 104°.

21st.—Both legs diminished in size, and stronger ; pulse 72, soft, equal ; bowels loose ; effects of bath pleasant ; fatigued before hour is terminated. Gained eight pounds flesh. Directions—Continue and increase the power of battery.

24th.—Limbs worse. Has omitted the senna mixture lately. Directions—Continue Congress water, electro-magnetism, baths, and two to four Dean's pills.

28th.—Pills operated thoroughly. Swelling and pain much diminished ; walks anywhere without crutches ; likes the baths, half an hour at 106° ; attributes much to them. Directions—electro-magnetism twenty minutes daily ; bath 106°, every second day ; three Dean's pills at night. Congress in the morning.

September 5th.—Ankle has scarcely a vestige of the swelling ; walks two miles. Gained half pound flesh daily for four weeks. Continue all.

8th.—Walks three miles. Better in all respects ; goes soon. Is advised to keep his bowels just soluble with—R. Tinct. aloes and myrrh, elixir pro. $\text{℞} \frac{1}{2}$; ferr. ammoniacal, ens. veneris, 3iij. Misce.

CASE VIII. *General Atonic Rheumatism*.—Treatment, Congress water, warming purgatives, baths.

Aug. 8th, 1844.—Mr. M. W. C., New York State ; age say 25. Well till last April, when a rheumatic pain commenced in the toe of the left foot ; a steady, throbbing pain. Then went to all the toes, ankle, knee, flesh back of sacrum, and that covering the tuber ischii. Hence, riding and sitting painful. A spot just commencing near elbow. The joint not enlarged. The pain obtuse. Cannot walk much from tenderness in the feet. The heels thickened. No trouble in the digestive process ;

slight flatulence; bowels regular; some hardness and distension of the epigastrium. Two or three tender spinous processes; pulse 112, soft. Directions—Bath 100°, every second day. Pavilion water internally, in repeated quantities, as an alterative and tonic. Two ounces of the mixture composed of equal parts comp. tinct. senna and syrup of rhubarb, each morning.

10th.—Bath very agreeable; back less painful; feet same; pulse 96. Go on.

12th.—Pulse 96, soft. Continue all.

15th.—Pulse 112 and soft; heels worse; better at stomach; countenance better; some griping. Directions—Zinc two grains, myrrh two grains—pills; take four a-day. Omit senna mixture. Continue the Pavilion Spring water freely.

17th.—The zinc pills nauseate. Directions—Twenty grains ipecac. at 6, P. M. Substitute Congress water, and take three tumblers in the morning and two more during day.

20th.—Severe nausea; vomited; better. Continue Congress and baths. In a depressed state of mind he left the next day, as many do, quite uncertain whether he had not lost all his trouble at Saratoga. In the following summer his mother was in my office, and stated that he went away discouraged, but his friends were astonished at his improvement on his reaching home, near the Hudson river. As soon as he was rested, he began to walk to his store. Within a week he dismissed one of the canes he had used constantly while here, and in six weeks forsook both. Soon resumed his commercial business in New York city and at home, and continued it all winter. Is as well as any young man, exposing himself freely to water, weather and hard labor.

I dismiss this subject, by saying a few words on the discrepancies both in the phraseology and treatment of rheumatism. These discrepancies are notorious. But what definite idea occurs to the reader from the expression, acute rheumatism? inflammatory rheumatism? hot or cold rheumatism? And so of the treatment. Dr. James Johnson, of London, took unmeasured pains to protest against hot baths in this disease. Yet not a summer passes here without my prescribing scores of them, and with unmistakable success. The celebrated Professor Davis, of London, *never failed* of curing this disease with cinchona. During my miscellaneous practice, many years since, I occasionally used cinchona with the best effects; and now think it better than quinine, and next to sulphate of zinc in appropriate cases. It is true, also, that many patients have recovered rapidly under copious cold affusions, cold bathing, falling into winter streams, &c.

Now, with all these conflicting, ambiguous and perplexing views and statements in our medical literature, what is the young physician to do? How can he systematically order his treatment, and feel that he is in the right track? If he has established for himself a satisfactory theory and basis of practice, and can reconcile the current statements of authors so as to escape embarrassment in the discharge of his responsible duties,

he is hereby cautioned to take heed how he reads and what he reads, lest he fall into doubt and confusion.

But to those who have not yet satisfied themselves on this point, I hope to be pardoned for the inmodesty of suggesting to them a system of diagnosis and treatment which has, for many years, appeared satisfactory to myself. Let them at once discard the terms *inflammatory*, *acute*, *hot*, *cold*. The questions are, what is the *present condition* of the patient? Has this specific inflammation fallen upon a person whose blood is fibrinous? Is there really increased heat in the joints? Are all the movements of the system strong and unbridled? Above all, is the pulse *hard*, *incompressible*, *wiry*, and not very frequent? Is the case *ATONIC* or *ENTONIC*?

I must acknowledge myself greatly attached to these last terms. Inflammatory rheumatism means nothing definite to me; and it has no correlative term. Nobody will aver that chronic is the correlative of inflammatory. Acute and chronic rheumatism are not correlative; and there is great confusion in the terms. But when we pronounce correctly, in whatever stage, that a disease is entonic, we know what to go about. So of atonic. If a man has been deterred by Galen's mischievous dogma—"pulsus res fallacissima"—from recurring to the pulse, connecting and comparing it with the whole pathological condition of the patient, as his very best guide in the treatment, he will scarcely appreciate the sincerity and earnestness of my remarks.

I speak of the pulse only as the leading guide. The heat of the flesh, color of the countenance, appearance of the blood, if drawn, habits of the patient, &c., are to be associated. I add the following classification of remedies, as a further auxiliary both to the diagnosis and treatment, and as a further illustration of the whole preceding remarks.

ENTONIC RHEUMATISM.		ATONIC RHEUMATISM.	
<i>Juvantia.</i>	<i>Sedentia.</i>	<i>Juvantia.</i>	<i>Sedentia.</i>
Venesection	Heating purgatives	Hot min'l baths	Bleeding
Calomel	Compound tincture	Comp. tinct.	Salts
Salts and senna	of guaiac.	guaiac.	Cool dress
Antimony	Quinine	Quinine	Calomel
Colchicum as a	Cinchona	Cinchona	Tartar emetic
cathartic	Hot baths	Zinc	Cold showers
Cold affusion	Hot fomentations	Saratoga waters	Hydrophathy
Spare diet	Tonics	Opium	Cold rides
Hydrophathy	Meat diet	Flannels	Cold baths
Opium and calomel	Saratoga waters	Nutritious diet	Vegetable and
Cool regimen	Flannels	Hydriod. potas.	spare diet
Hydriodate of potass.	Hot feather beds	Shampooing	Prolonged muscular exertion
	Shampooing	Hot fomenta.	

Saratoga Springs, June 1st, 1848.

M. L. NORTH.

LITERARY AND PROFESSIONAL COURTESY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I read, with a profound degree of interest, which peculiar circumstances of domestic life, unnecessary to name, did not diminish, the direct and practical observations on the comparative merits of Cuba and Florida, as places of winter resort for invalids, in your number of May 3d. Independent of your reference to the writer, as no insignificant person in the profession, I saw in the tone of his remarks nothing calculated to invite coarse and discourteous language from those of different sentiments; still less, that there were personal and selfish views in his disapproval of Florida and preference of Cuba. The permission that you should furnish the gentleman, whose invitation to discuss a new project he had accepted, with his name *privately*, does not look as if he were one to be charged with unworthy personal motives, with being “a hired satellite or purveyor”—“unwarrantable abuse of every honorable intention”—“supplying his friendly landlords with customers”—as “a self-righteous Pharisee, who advocates scenes of dissipation as a diversion and moral attraction for invalids”—as “guilty of such unprincipled perversion of truth”—“a traitor in the bosom of his country,” and other intimations and charges, which no professional gentleman could deserve, still less apply. Let every courteous and high-minded physician, for the credit of his calling, set his face against such language as this, even in the heat of controversy; still more, in what appears, on recurrence to it, to have been in a moderate, respectful, and even kindly expression of opinion and personal experience, on the part of a writer, anonymous to the public, but not unknown, it would seem, to you or his rude adversary.

My object, however, in taking up my pen, was not so much to express disapprobation of such a spirit and manner, as to apprise you and your readers of a fact in this connection, which must fill your mind with astonishment, not unmingled with another sentiment. Noticing in the reply of Augustus Mitchell, M.D., some phrases, presented as if in quotation from the article he was criticizing, which did not strike me as like the tone and manner of his opponent's language, I looked up the back number, and found, to my surprise and regret, that in no less than six places, in his three and a half pages, sentences are marked with quotations, *as if extracted verbatim from his author*, which, on comparison, prove either not to be there at all, or *are essentially changed* in words, signification and temper. At the foot of this page,* I will present the proof of this for

* Page 383, 2d line from top, compare with original, page 277, 25th line.
“ 383, 10th “ “ “ no similar passage.
“ 383, 44th “ “ “ p. 276, line 11th.
“ 384, 24th “ “ “ p. 273, line 30th.

This contains three specific statements as if quoted, no one of which appears to be sustained by the original.

Page 385, 9th line from top, compare with original, p. 279, line 44th.

Page 385, line 11th, contains an entire sentence in quotation marks, and the additional introduction that “then we are informed,” when in fact no such language, or such idea, is found in the original.

your editorial eye, feeling confident that you could not believe so strange a statement, unless you had personally verified the fact. I dare not attempt to give the comment, lest I should run into the very error I was just reprobating. The moral for professional controversialists, may perhaps be as strong "without note or comment."

A PHYSICIAN OF THE OLD SCHOOL.

MORAL OBLIGATION OF PHYSICIANS.

[A CORRESPONDENT, in allusion to an article that appeared in this Journal, two weeks since, writes thus :—]

DEAR SIR,—While reading an article in your last Journal, entitled "Nocturnal Emissions in a Married Man," I was prompted, from its *peculiar character and style*, to inquire the true object of communications addressed to the profession through the pages of medical periodicals, and to ask whether writers are not called upon to conduct their investigations, and method of communication, "with a fair show of modesty," or at least decency, and to state the peculiarities of disease, with its deviations, in as explicit and delicate a manner as possible, to avoid giving cause of unpleasant feelings to the unfortunate subjects of disease, should the description meet their eye. Medical men have unfolded to their view not only the physical machinery of life, in its healthy and diseased bearings, with power to learn, by absolute study, the various reciprocal influences exerted upon the mental and moral powers; but, from the nature of their duty, become acquainted with the social relations of society, being received into families with greater privileges for obtaining a knowledge of individual failings, physical and moral, than the members of other professions. Indeed, family secrets often become gradually unfolded to them, which are sedulously cloaked from public scrutiny. The physician who unnecessarily exposes any of the moral delinquencies of patients, under the pretext of communicating knowledge to the profession, or offers a chance for its being made public in its personal connection, proves recreant to the trust reposed in him, and is unworthy of public confidence, and the support of his brethren in the profession. Such a course would of necessity engender a feeling of distrust, tending to undermine the confidence of the people in the honesty of the profession, when directing their inquiries in search of all the influences operating against the health of patients under their care and treatment.

Boston, June, 1848.

SURGICAL CASES TREATED BY MAYNARD'S ADHESIVE SOLUTION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In continuation of the cases already reported in two former numbers of your Journal, I transmit the following, which occurred last summer.

The success of this new adhesive material in the first of the cases now detailed was, after personal observation, reported and published by Dr. Mason, of Lowell, in August last, and was copied into various public journals. I have here more minutely presented the operation, as it most satisfactorily demonstrates that sutures of all kinds, including hare-lip pins, may be advantageously dispensed with in plastic operations. The usual results of ulceration of the threads and pins are at once obviated by the use of the adhesive solution.

CASE V.—This was a severe plastic operation, performed last July by Dr. Whitney, for the relief of an unsightly deformity of the face, the consequence of a burn received in childhood. The subject of this operation was a young lady of 18. This unfortunate female presented a truly frightful appearance. Every lineament of her face was distorted. The right ala of the nose was partially destroyed and drawn to one side. The upper lip was retracted towards the malar bone and everted; the lower lip, also everted, was drawn downwards and outwards, while the central portion was adherent to the chin by a callous cicatrix. The lips, thus widely separated by the loss of substance in their levator and depressor muscles and the adjacent cellular tissue, not only exposed the teeth and gums of a large portion of the upper and lower jaws, but rendered it impossible for the patient to retain in her mouth either liquid food or her saliva.

The ectropion of the lower eyelids was so great as to expose the conjunctiva of the lids to the extent of one third of an inch in depth, subjecting the denuded eyeballs to constant irritation from dust and air, and also preventing their closure in sleep.

To remedy these sources of inconvenience, as well as to improve her hideous features, was the object of the operation. For this purpose, deep and lengthened incisions were made to pass around each eye near the edge of the everted lids, and the integuments dissected from their unnatural adhesions. The same were necessary along the side of the nose, the borders of the lips, and around the chin. Portions of cicatrix, of almost cartilaginous hardness, were also cut away from various portions of the face, in order to obtain the requisite freedom of movement for the lips and lids. The dissections requisite for the release and readjustment of parts so greatly displaced, were of course somewhat tedious. Being completed, each part was now capable of being brought to its place of destination.

The whole success of the operation now depended upon being able to retain the several parts in their new and proper position, while the process of cicatrization was being completed. Relying upon the adhesive solution as the most efficient agent for the attainment of so desirable an object, it was selected and adopted in preference to all others.

A strip of cotton cloth, half an inch in width, was moistened at one extremity with a few drops of the adhesive solution, and attached near the tarsal edge of the eyelids. Waiting a few seconds for it to thoroughly dry and become firmly adherent, the lids were then raised by these straps until they properly protected the globe of the eye. The other end of the

strap was then placed against the forehead, and made adherent with the solution. The right ala of the nose, dissected from its unseemly position, was, by a strap attached to its surface, drawn into its proper centre, and there retained, by the other extremity of the strap being moistened with the solution and placed in contact with the left cheek.

The misshapen mouth was then re-modelled by restoring the lips to their natural position by means of straps applied in different directions, and made to permanently adhere through the medium of the solution. A further description of these would be needless. It is sufficient to state that permanent support and perfect retention was by this new method afforded to the various parts in their new positions, while the too great retraction of those portions left to granulate was also prevented.

These dressings were found, on the fifth day after the operation, to be still perfectly adherent. They were only changed during the whole healing process, as they became soiled from the suppuration of the granulating surfaces.

The next case which I have selected as of sufficient interest to be inserted in this surgical report, presents a striking instance of the rapidity with which wounds resulting from severe surgical operations may be made to heal by the first intention, when the necessary conditions for that process are afforded nature, through the medium of art.

CASE VI.—This was an operation for the removal of a tumor of the parotid gland, which was performed August, 1847, by Dr. Whitney. The subject was a female, about 40 years of age. The tumor, which, when first observed, was quite small, had been gradually increasing, until it had acquired the volume of a pigeon's egg. Its general shape was globular, though slightly irregular on its surface. It was somewhat moveable, and possessed of medium density. The diagnosis of this tumor being that it was an enlargement of one of the lymphatic ganglions of the parotid rather than of the gland itself, and its presence interfering with the free motion of the jaw, the patient's desire for its removal was acceded to.

An incision was made from a point just in front of the tragus of the ear, and following the line of the ramus of the lower maxillary bone; another incision was made from the commencement of the former one, and directed in a semi-circular direction, downwards and backwards, passing under the lobulus of the ear, towards the mastoid process. The flap thus formed was dissected from the subjacent parts, until the whole surface of the tumor was fairly exposed. The body of the tumor being seized with a "pince de museaux," was by an assistant drawn to one side. It was then cautiously dissected, proceeding alternately with the blade and handle of the scalpel, in order to avoid wounding the large vessels with which it was closely connected. It was fortunately removed with very little hemorrhage. The cavity left after the extirpation of this tumor was, as may be inferred, of such size as to render union by first intention almost hopeless. Deeming it another excellent test case for my adhesive solution, the attempt was made.

The parotid cavity being thoroughly sponged, and all oozing of blood

having ceased, the edges of the wound were placed in the most exact apposition, and retained in place by narrow pieces of tape attached through the medium of the adhesive solution. A small space was left at the lower extremity of the wound to permit the escape of any accumulation of fluid which might occur. Immediate union of the wound took place. On examination of the wound on the third day, it was found to be perfectly adherent throughout its whole extent, the line of the incision being scarcely perceptible a few feet distant, except at the point intentionally omitted, where the scar was of greater width.

JNO. PARKER MAYNARD.

COMMUNUTED FRACTURE OF THE PATELLA.

[**PROF. P. F. EVE**, of Augusta, Geo., relates the following case in a late number of the *Southern Medical and Surgical Journal*.]

This case produced great excitement at the time it occurred, or rather when agitated by a conflict with the law. It is the one, for which a suit of malapraxis was commenced against me in our Superior Court—damages laid at \$10,000—but which the plaintiff's attorney abandoned soon after my testimony was partially presented at the trial.

On the evening of the 16th of May, 1841, I was called to see **Mr. B.**, in conjunction with my cousin, **Dr. J. A. Eve**. While driving a horse in a buggy, he had been kicked on the knee, and had fallen to the ground. The leg had therefore been flexed upon the thigh subsequent to the accident, which occurred about a mile out of the city, and an hour or two before we saw the patient. A transverse fracture of the patella was readily detected; as the patient was young and in good health, the immovable apparatus was proposed as the most certain means of securing union in the broken bone. This was accordingly applied at once, embracing the foot, leg and thigh. The usual number of daily visits were made, a dose or two of morphine and some opening medicines were administered, and on the 22d, six days after the accident, a roller bandage was applied over the whole apparatus to keep it in close contact with the limb, as it had become a little loose by drying and the shrinking in the soft parts. The next day the patient complained of pain, for the first time, in the knee-joint, and the whole dressing was removed. The limb was found cool and pale, owing probably to the compression, but chiefly to the position of it, it having been kept constantly elevated at an angle of about 45 degrees. The knee and the parts below soon after this began to swell, and **Drs. Hook and Dugas** were added to the medical council. The unfavorable symptoms continuing to increase, amputation of the thigh was performed on the 26th, ten days after the accident. The patient had a good recovery from this operation.

In examining the knee-joint, it was found filled with dark grumous blood, a portion of the cartilage of the internal condyle of the os femoris was chipped off, and the patella fractured into a number of fragments. The portion of the adductor magnus muscle which passes down to be

inserted into the internal condyle of the thigh bone, was moreover in a sphacelated condition.

On June 13th, I was called to attend to an infant in the father's family of this patient, which was so ill that it died. As late as August I was employed to adapt an artificial leg to the stump, and it was not until the next winter that the suit was brought against me.

A statement of the case, with interrogatories, were sent to eminent surgeons of Boston, New York, Philadelphia, Charleston, the interior of this State, &c., and by the aid thus obtained, through the efficiency of my attorneys, Messrs. Cumming and Jenkins, I was prepared for trial on the day appointed in June, 1842. My thanks are due to Dr. G. W. Norris, of Philadelphia, for putting at my disposition Seutin's work on the Im. Apparatus, just then arrived in this country; and I cannot refrain from inserting here the noble reply of Prof. Geddings, of Charleston, when the question was propounded to him, what is the result of such accidents as the one I was called upon to treat—"*death of the patient, either from mortification or tetanus.*" This controversy but the more fully convinced me that I belonged to an honorable profession, and was the associate of high-minded, dignified and liberal gentlemen. I have yet to learn that a want of success in every case is any disgrace, or that this trial ever injured me. My private class, the next winter after it, paid all my expenses, amounting to \$700. I have freely forgiven all who may have ever wished to slander or wrong me, and I can now allude to the circumstance without an unpleasant emotion.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 21, 1848.

New Treatment of Bronchial Diseases.—Dr. William Gray, of New Hampshire, has constructed some curious apparatus for the purpose of inhaling certain medicinal vapors, with the object of allaying inflammations of the bronchial tubes, and lungs. A metallic box, some two inches in diameter and half an inch in thickness, contains a coiled steel wire. Over that he pours a volatile mixture—the wire affording extensive surface merely. When the box is closed, a flexible tube being attached to the side, the patient inhales the preparation. Of the benefits to be derived from the practice, those who have submitted to the process must be the best judges. We have merely examined the instrument, but have had no opportunity of conversing with gentlemen who have tested its properties. A leading idea of the inventor, if we understand him, is, that his method of applying a medicine to the inflamed membrane is an improvement on the common plan of introducing brushes charged with articles intended to produce the same result. And besides, Dr. Gray believes that he reaches farther, by his process, into the diseased lungs, than it is possible to do by any other means.

Operations of Minor Surgery.—The every-day surgery of the whole country, belongs, in reality, to the minor class of operations. No one can be constantly engaged in lithotomy, amputating at the shoulder, reducing luxations of the hip, tying great arteries, or excising deeply bedded tumors. They are the extras in practice, which a favored few, by general consent, wholly monopolize. These are surgeons of a far-spread fame; but the noiseless, skilfully-practised, every-day surgery, every where required, although exciting no particular attention, must not only be well taught, but also written upon, that it may not deteriorate by falling into incompetent hands.

A treatise, fresh from the press of Messrs. Lea & Blanchard, Philadelphia, by F. W. Sargent, M.D., comes out at an appropriate period. The descriptions of the mode of doing things, are clear and precise, besides possessing the rare merit of being short. Some of the cuts are good, and others are not good enough for the excellent book in which they are exhibited. Without attempts at originality, Dr. Sargent seems to have striven to collect and concentrate, from reliable sources, the essence of those who have preceded him, making such additions as have naturally been developed by the progress of surgery in the best schools of Europe and America. Success to the undertaking. Young authors should be encouraged, and especially when encouragement is merited. Students will find Sargent's *Minor Surgery* a necessary accompaniment of Dr. Smith's, published in the same city, and without them they will be poorly fitted for the responsibilities of general practice.

A Case of Typhus Fever.—A pamphlet of twenty-eight octavo pages, by that veteran medical inquirer, William Ingalls, M.D., addressed to the editor of the Boston Medical and Surgical Journal, was issued the last week. A leading caption reads thus:—"The muscular fibre the seat of typhus." Dr. Ingalls displays an extensive knowledge of books in this little treatise, besides a familiarity with all the doctrines that have been taught, from Cullen to the present day; and further, indicates the workings of his own active, discriminating mind, in a manner to interest and instruct those who may study the publication. As this pamphlet will probably be seen by many of our readers, we abstain from copying, at present, any part of the author's remarks.

The Ether Controversy.—Another pamphlet (in answer to the one just issued by the Messrs. Lords, vindicatory of Dr. Jackson's claim to the honor of having discovered the value of ether inhalation), may soon be expected. Report says that Mr. Bowditch, one of the trustees of the Massachusetts General Hospital, is the author. Thus, as heretofore intimated, the contest is likely to be perpetuated while the several claimants continue able to write and publish.

Connecticut Medical Convention.—Our thanks are due to some one for a copy of the proceedings of the late annual Convention of Connecticut, which was held at New Haven, May 10th. Archibald Welch, M.D., of Weathersfield, was re-elected President; Geo. Sumner, M.D., Vice President; V. M. Dow, M.D., Treasurer; and Gurdon W. Russell, M.D., Secretary. The Connecticut Medical Society is a venerable institution—

the first annual address before the members having been given by Dr. S. H. P. Lee, in 1794, which is about as far back as any of the scientific or literary associations of this country extend. From an examination of the system of organization, and the yearly doings of the Society, it is inferred that no internal feuds have ever disturbed the even tenor of its course. Peace and harmony are its characteristics, while the leading objects contemplated by the charter, have been carefully and vigilantly pursued. A dissertation was delivered on the late anniversary, by B. F. Barker, M.D., of Norwich, on "Some forms of Disease of the Cervix Uteri," which is no ordinary production. He appears to be a man of extensive professional reading, close observation, and discrimination, which are the essential elements of an accomplished physician. Under the orderly arrangement of causes, symptoms and treatment, Dr. Barker has given not only his own opinions and the results of his experience, but a synopsis of the best system of practice known to the profession. Dr. B. states that it is his conviction that a large majority of cases of prolapsus, dysmenorrhœa, menorrhagia and leucorrhœa, arise from organic disease of the cervix uteri.

Halsted's Journal.—A monthly periodical, on a quarto sheet, having on its front a huge wood cut, and published at Rochester, N. Y., has excited some curiosity, from the circumstance that it is such a complete *omnium gatherum*, that it is rather difficult to determine, at sight, what object is contemplated by the editor. It is asserted, however, that "physiology, exercise, health, education and moral development are the subjects to which the periodical is to be devoted. After' a thorough examination of the contents, we have arrived at the conclusion, that M. H. Halsted is a shrewd manager, who intends making an honest penny by any lawful means within his reach. A cluster of buildings has been christened Halsted Hall—being nothing more nor less than a new hydropathic enterprise, where the most terrible of physical calamities are to be readily obviated. There is scarcely a morbid twinge recognized by the nerves, according to the hydropathists' accounts, that has not been speedily removed by water, scientifically administered—and it is absolute heterodoxy, with a host of people, to deny the potency of pure water. Medicine, administered even by the wisest physicians, sinks into insignificance in their estimation, compared with the magic influence of a wet sheet, or a douche, provided they are taken at a legitimate water-curing institution. Highly as we estimate the real virtues of water, we think the farce of the misnamed "water-cure" must eventually come to an end. It is not possible that every hotel that is unsuccessful can be converted into a hydropathic hospital. Mr. Halsted's Journal will, we presume, trumpet his own praise, and cater for Halsted Hall, by bringing patients to it who might otherwise remain at home.

American Institute of Homœopathy.—This Society held its fifth annual session in the city of New York at the Society Library Room, Broadway, on Wednesday, the 14th inst. Nearly one hundred members were present. W. Williamson, M.D., of Philadelphia, was elected Chairman. E. Bayard, M.D., of New York city, was re-elected General Secretary, and R. A. Snow, M.D., of New York city, Provisional Secretary. Nearly thirty

new members—graduates of our medical schools, or licentiates of regular standing in practice—were admitted. The reports of committees appointed at the last session were read, which called forth interesting and animated discussion. On the evening of the 14th, a public address was delivered by J. Jeans, M.D., of Philadelphia, on superstition regarding the practice of medicine. The session was continued on Thursday the 15th, by two meetings, occupying the whole day. These were spent in hearing the reports of committees and in discussing the various subjects which were therein presented. B. F. Joslin, M.D., of New York city, was appointed to deliver the public address at the next annual session. The institute then adjourned to meet at Philadelphia on the second Wednesday of June, 1849.

To the Editor, &c. SIR,—In answer to the funny question in the last number of your Journal, by an "Alpha," I would give my opinion that it would take about as great a quantity of the 30th homœopathic dilution of the tincture of opium to contain the strength of one drop of laudanum, as it would take "Alphas" to comprehend the true spirit of the homœopathic doctrine.

Yours, J. B.

Medical Education in the United States.—The following notice of that portion of the proceedings of the American Medical Association relating to medical education, is from the Western Medical Journal.

"Dr. Wellford, of Fredericksburg, Va., now proceeded to read the report of the committee on medical education, of which Dr. Stevens was chairman. The report was accompanied by a number of resolutions, three of which had an important bearing upon medical schools, and in substance are as follows:—1st. That the plan of education in any medical school must be considered radically defective, which does not embrace anatomical dissections by the pupils, and clinical instruction. 2d. That it be recommended to medical schools in the country which have not already done so, to extend their sessions to five months. 3d. That it be recommended to the Faculties of the several medical schools to associate with them, in the examination of their students for the doctorate, a number of physicians not connected with the schools.

"The first of these resolutions passed unanimously. The second was adopted with little division, though it is known that not a few gentlemen in the Association connected with medical schools, question the policy of lengthening the lecture term. Upon the third, the vote was by no means unanimous."

MARRIED.—Dr. T. S. Pinneo, of Cincinnati, to Miss J. Linsley.—W. M. Brown, M.D., of Newark, N. J., to Miss M. C. Freeman.

DIED.—At Hampton, Conn., Isaac C. Clark, M.D., 53.—At Newtown, Conn., Dr. Kellogg Berry, late of Sharon, 85.

Report of Deaths in Boston—for the week ending June 17th, 43.—Males, 19—females, 24.—Stillborn, 7. Of consumption, 11—typhus fever, 3—lung fever, 3—erysipelas, 2—intemperance, 1—dropsy of the brain, 2—disease of the bowels, 2—inflammation of the bowels, 1—dysentery, 1—croup, 1—infantile, 2—drowned, 1—pleurisy, 1—inflammation of the lungs, 4—accidental, 2—child-bed, 1—apoplexy, 1—dropsy, 1—disease of the kidney, 1—teething, 1—burns, 1.

Under 5 years 16—between 5 and 20 years, 7—between 20 and 40 years, 10—between 40 and 60 years, 4—over 60 years, 6.

Medical Miscellany.—Dr. A. E. Holmes has been appointed Superintendent of the Columbia Railroad.—Cholera is said to have appeared at Aleppo, and several towns in Syria.—Typhus fever has become very prevalent among the crews of the Mediterranean fleet.—The cholera has broken out both at Constantinople and Moscow.—The vomito has again appeared at Vera Cruz.—Dr. McNabb, of Manchester, N. H., is under arrest, accused of having caused the death of a female, by inducing abortion.—An island has been secured by the government near Pascagoula, in the Mississippi river, containing about 80 acres, for a military hospital.—The "Obstetrical Remembrancer" is noticed in a western Medical Journal under the misspelt title of *Obsolete Remembrances*.—Dr. Fenner, one of the editors and founders of the New Orleans Medical and Surgical Journal, has withdrawn from the editorship which he has worthily filled.—Dr. Holmes's report on Medical Literature, to the Medical Association, at Baltimore, last month, is condemned in no measured terms in the last number of the Southern (Augusta) Medical Journal. The Western Journal, at Louisville, on the other hand, speaks of it as "able and judicious."

NEW HAMPSHIRE MEDICAL INSTITUTION—DARTMOUTH COLLEGE.

The fifty-second Annual Course of Lectures will commence on Thursday, the 3d of August, 1848, and continue fourteen weeks.

Hon. JOEL PARKER, LL.D., Prof. of Medical Jurisprudence.

DIXI CROSBY, M.D., Prof. of Surgery and Obstetrics, and Diseases of Women and Children.

E. E. PHELPS, M.D., Prof. of Materia Medica and Therapeutics.

O. P. HUBBARD, M.D., Prof. of Chemistry and Pharmacy.

J. ROBY, M.D., Prof. of Theory and Practice of Medicine and Pathological Anatomy.

E. R. PEASLEE, M.D., Prof. of Anatomy and Physiology.

GEORGE B. UPHAM, A.B., Demonstrator of Anatomy.

Fees for the Course—payable in advance, \$50. Matriculation, \$5. Graduating expenses, \$18.

Hanover, N. H., May, 1848.

(My 24—eptL)

E. R. PEASLEE, Sec'y.

MONS. JEAN LEDOYEN'S DISINFECTING FLUID.

MONS. LEDOYEN, a French chemist of distinction, after much research and a series of experiments has the honor of discovering a disinfecting agent of unequalled power and qualities. The undersigned would call the attention of medical and chemical men to this agent, and furnish them with it for experiments without charge.

In the sick chamber this fluid is invaluable. It will destroy the putrescent effluvia arising from the excretions of the bowels. By putting a quantity of the fluid in a stool before using it, whatever passes the bowels will be decomposed in coming in contact with it, preventing the diffusion of the offensive effluvia. Particularly is it useful in malignant fevers or smallpox, purifying the air, benefiting the patient, and removing the danger of infection. Bodies, after decease, may be kept weeks, if necessary, by its use, without becoming in the slightest degree offensive.

It is superior to chloride of lime or of soda, as the gases arising from these are very offensive, and sometimes injurious, while this preparation will destroy offensive smells without leaving any of its own.

The contents of the bottles are prepared for sick rooms and local applications, such as erysipelas, fever sores, ulcers, burns, scalds, chilblains, &c. Price 50 cents.

For sale by the gallon also, for disinfecting purposes wholly, such as water closets, privies, cess pools, steerage of ships, &c. By an application of this fluid, merely sprinkling the sides and surface of vaults, all unpleasant effluvia is at once destroyed. The virtues of this preparation are not impaired by age or exposure, and it will keep in any climate.

For further particulars, we refer to our pamphlets which may be obtained of us or our agents.

POULIN, ROGERS & KEENEY,
39 Merchants Exchange, New York.
June 7—1f

T. R. HAWLEY, Agent, No. 97 Washington St., Boston.

MATICO.

A FRESH supply just received and for sale by
May 17—1f

JOSEPH BURNETT.

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AYER'S CHERRY PECTORAL.

AN Anodyne Expectorant, prepared on the new plan of combining the isolated, active principles of medicine, in their purity; a plan which is found to give an energy and certainty of remedial effect far surpassing any other in use. The substances of which it is composed are those known to be most relied on for the relief of pulmonary disease, viz.: Morphine, Sanguinaline, Emetine, Tart. Ox. Antim. et Pot., Hydrocyanic Acid, Saccharum, Spt. and Aqua; combined so as perfectly to resist the action of time; and affording to physicians a compound of *free, permanent* hydrocyanic acid—a desideratum in medicine not hitherto obtained. Its formula has been published in this and other Medical Journals, and also submitted to some of the highest medical authorities in this country, among which are the Berkshire College of Medicine, Pittsfield, Mass.; Willoughby Medical College, Columbus, Ohio; Bowdoin Medical College, Brunswick, Me.; Vermont College of Medicine, Castleton, Vt.; Geneva Medical College, Geneva, N. Y., and also in manuscript to a large part of the medical faculty of the United States.

The attention of practitioners is respectfully solicited to this preparation, and it is confidently believed it will commend itself to their favor and confidence, having been found an invaluable remedy in treating the most obstinate as well as milder forms of pulmonary disease.

Prepared by JAMES C. AYER, Lowell, Mass. Sold by Druggists and Apothecaries generally in the Northern, Middle and Southern States, the British American Provinces, and in some of the Independent Republics of South America.

March 22—eptL&ceptf